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FACSIMILE TRANSMITTAL

Date: July 29, 2005

To: Name/Company	Fax No.	Phone No.
Examiner S. Rao United States Patent & Trademark Office	571-273-1718	571-272-1718

From: Valerie Hayes
Phone: (202) 496-7564
Re: Supplemental Amendment Response
U.S. Patent Application No. 09/940,544

P. Kaur
JK 07/29/05

Number of Pages (including cover):

COMMENTS

Examiner Rao,

Please find attached a complimentary copy of our Supplemental Amendment Response submitted today 07/29/05.

Thank You

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/940,544
		Filing Date	August 29, 2001
		First Named Inventor	Joun-Ho Lee
		Art Unit	2814
		Examiner Name	S. H. Rao
Total Number of Pages in This Submission	1	Attorney Docket Number	8733.497.00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Amendment Transmittal <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Amendment Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MCKENNA LONG & ALDRIDGE LLP Valerie P. Hayes; Reg No. 53,005
Signature	<i>Valerie P. Hayes</i>
Date	July 29, 2005

DC:50345790.1

AMENDMENT TRANSMITTAL LETTER				Docket No. 8733.497.00-US	
Application No. 09/940,544	Filing Date August 29, 2001	Examiner S. H. Rao	Art Unit 2814		
Applicant(s): Joun-Ho Lee					
Invention: IN PLANE SWITCHING MODE LIQUID CRYSTAL DISPLAY DEVICE AND METHOD FOR MANUFACTURING THE SAME					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 26 =		x	0.00
Independent Claims	2	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0911</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Valerie Hayes</u> Valerie Hayes Attorney Reg. No.: 53,005				Dated: <u>July 29, 2005</u>	
MCKENNA LONG & ALDRIDGE LLP 1900 K Street, N.W. Washington, DC 20006 (202) 496-7564					

DC:50345789.1